

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS) EUGENE R. CURRY 3010 MAIN STREET BANSTABLE, MA 02630	(508) 375-0070	FOR COURT USE ONLY
ATTORNEY FOR (NAME)	REFERENCE NUMBER 0295409A-02	
Insert name of court, judicial district or branch court, if any, and post office and street address		
SHORT NAME OF CASE KUEHN VS. HAYGOOD		
PROOF OF SERVICE BY MAIL DATE:	TIME: DE	PT/DIV: CASE NUMBER: 0510574RGS

I am a citizen of the United States and employed in the County of Los Angeles, California. I am over the age of 18 and not a party to this action. My business address is 15759 Strathern Street, Van Nuys, CA 91406.

On April 18, 2005, after substituted service under section CCP 415.20 (A) or 415.20 (B) or FRCIV.P 4(D)(1) was made, I mailed copies of the:

COMPLAINT; SUMMONS IN A CIVIL ACTION

to the defendant in said action by placing a true copy thereof enclosed in a sealed envelope, with First Class postage thereon fully prepaid, in the United States Mail at Van Nuys, California, addressed as follows:

EMILIA HAYGOOD DELOS INTERNATIONAL, INC. 6834 HOLLYWOOD BLVD., #209 HOLLYWOOD, CA 90028

I am readily familiar with the firm's practice of collection and processing correspondence for mailing. It is deposited with the U.S. Postal Service on that same day in the ordinary course of business.

I declare under penalty of perjury that the foregoing is true and correct and this declaration was executed on April 21, 2005 at Van Nuys, California.

Fee for service: \$ 60.00	
Registered: Los Angeles County:	I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Number:	on: April 21 2005



15759 Strathern Street Van Nuys, CA 91406 (818) 787-0422

Signature: RAGINA THOMPSON

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): EUGENE R. CURRY 3010 MAIN STREET BANSTABLE, MA 02630	FOR COURT USE ONLY
TELEPHONE NO. (Optional) (508) 375-0070 FAX NO. (Optional) EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	. * .
SUPERIOR COURT OF CALIFORNIA, COUNTY OF:	
STREET ADDRESS:	· 57
MAILING ADDRESS:	
CITY AND ZIP CODE: ,	
BRANCH NAME:	
PLAINTIFF/PETITIONER: KUEHN	CASE NUMBER:
DEFENDANT/RESPONDENT: HAYGOOD	0510574RGS
PROOF OF SERVICE SUMMONS	Ref No. or File No. 00295409-01

(Separate proof of service is required for each party served)

- 1. At the time of service I was at least 18 years of age and not a party to this action.
- 2. I served copies of the:
 - e. other (specifiy documents):

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- 3. a. Party Served: (specify name of party as shown on the documents served):

 DR. AMELIA HAYGOOD
 - b. Person Served: party in item 3a
- 4. Address where the party was served: 721 ADELIDE PLACE SANTA MONICA, CA 90402

(Residence)

- 5. I served the party (check proper box)
 - b. by substituted service. On (date):April 9, 2005 at (time): 07:07 pm I left the documents listed in item 2 with or in the presence of (name and title or relationship to person indicated in item 3b):

 CAROL ROSENBERGER/CO-TENANT
 - (2) (home) a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
 - (5) I attach a declaration of diligence stating actions taken first to attempt personal service.